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**A CALL FOR HONESTY AND INTEGRITY- SCIENTIFIC AND MEDICAL
EXPERTS AND THEIR ADVICE TO THE UMMAH**

1. Islamic epistemology is derived from the Quran and Sunnah and *not* science. It is from the Quran and Sunnah alone that we derive, for instance, when to pray and how to pray. Science has yet to acknowledge the ultimate truth – the existence of Allah. Science may attribute the death of a person to a medical cause, while Islam ultimately attributes death to the Almighty Allah as a manifestation of divine Providence.
2. In secular societies such as South Africa, people accord heightened significance and respect to the views of professionals and scientists who are perceived as experts in their fields.
3. These experts are in effect the “priests” of secular society, whose views are revered and whose recommendations are obsequiously accepted.

4. There is thus a grave responsibility on experts to be honest, non-partisan, and unbiased – they owe a fiduciary duty and responsibility never to mislead society.
5. When experts express opinions on issues that carry the potential or tendency of influencing belief or creed, or that are motivated by the intention to influence or alter the behaviour of a society in a manner that could have a potentially serious impact on their lives, they are duty bound to act diligently and with pristine honesty and integrity.
6. A recent article authored by five individuals (all of whom are from Muslim society) is a telling example of how conflicts of interest, improper belief and the desire to promote a specific narrative can conduce to rendering experts culpable of factual distortion and gross misrepresentation of the truth.
7. Bearing the caption ***"A call to action : Temporal trends of COVID-19 deaths in the South African Muslim community"***, the article - which has been widely distributed- purports to report facts which, according to the authors, establish that a disproportionately large number of Muslims (ie. disproportionate in relation to the rest of the population in South Africa) have succumbed to COVID-19.

8. The authors attribute this “disproportionately high death rate” in the Muslim community to congregational salaah during Ramadan 2021 and celebratory gatherings on the occasion of Eid-ul-Fitr.
9. Following their conclusion as to the causes of the increased death rate among Muslims, the authors proceed to make essentially two clarion calls:
 - 9.1 the first is for Muslims to abandon all Eid-ul Adha activities and to refrain from visiting those ill with covid-19;
 - 9.2 the second is for Muslims to embrace vaccines as the solution.
10. While we are mindful of the ethical *sharee* principle that demands that we must think the best of our Muslim brothers and sisters (*Husn Al-Dhan*), we are duty bound to highlight the fundamental flaws in the methodology employed by the authors and the culpable bias they displayed.
11. In summary, we contend that the authors adopted numerous confounding variables for purposes of their exercise that were inherently flawed. These included, but were not limited to, the notoriously well-known inaccuracy and unreliability of the data sources employed, the incomparability of the group utilised by them for purposes of drawing comparison and the fundamental incomparability of the 2020 and 2021 timelines in respect of religious

events. We draw attention, in particular, to the following instances of patently false and flawed comparisons:

11.1 the percentages and statistics used are largely outdated, and bear no factual resemblance to the current demographic in South Africa. By way of illustration of the foregoing proposition: the authors comment that 4.9% of deaths among Muslims are disproportionate to the number of Muslims in South Africa (1.9%).¹ The latter percentage reference was informed by a publication of Statistics South Africa in the year 2016, some five years ago, of the outcome of a survey of the demographics of the South African population.² The population of South Africa has however increased from 55.91 million in the year 2016 to 59.62 million in the year 2020.^{2,3} The nearly four million increase in population, together with migratory patterns which have seen an increasing influx of foreign immigrants, have all contributed to influencing the actual number of Muslims in South Africa. The 2016 survey had a total of 12 132 respondents, aged 15 to 49 in respect of females and 15 to 59 in respect of males. Of these, the weighted number of Indian women was 126 and that of Indian men was 48, generating an aggregate number 174 Indians surveyed.² Little is known on the actual demographics of Muslims in South Africa. A news clipping from 2004 estimated that 74 700 Muslims were of African origin compared to 12 000 in the year 1991 – a six fold increase in 13 years.⁴

11.2 the racial bias in the article is alarming. The authors unashamedly confine Muslims to Indians and Malays. They consequently use the terms Muslims, Malays and Indians interchangeably. In so doing, the authors do an enormous disservice to the Ummah. They reinforce the racist stereotype that Muslims in South Africa comprise only Indians and Malays. What of the tens of thousands of Muslims who are neither Indian nor Malay - our local Muslims of African descent and our immigrant Muslim population comprising Somalis, Malawians, Ethiopians, Senegalese, Congolese, Liberians and the like?

11.3 the authors do not compare like for like - a basic and fundamental requirement when comparing statistics and drawing conclusions and inferences. They rely on two sources of information for their statistical comparisons. The first is DATCOV, which they state collects statistics in respect of deaths of **all patients in hospitals only** ("hospital deaths"). They compare the number of hospital deaths to the number of Muslim deaths in accordance with information obtained from Muslim Stats, an organisation alleged to receive information from community organisations across the country in relation to Muslim deaths. It is significant that the Muslim Stats figures for Muslim deaths represent "total Muslim deaths" and are not restricted to *Muslim hospital deaths*. It is unsurprising that the deliberate use of such incomparable figures would necessarily result in a material distortion

of the number of Muslim deaths. Using such fundamentally flawed comparison, they conclude, unjustifiably and improperly, that the number of deaths among Muslims is disproportionate to the number of deaths in the rest of the country.

12. The statistics and graphs presented in the article are furthermore misleading in at least the following respects:

- 12.1 the use of differing scales on the y-axes (National and Gauteng) compared with the x-axes (Muslim figures) ; and

- 12.2 the use of “National” and “Gauteng” figures at different times.

13. These differing scales and graphs are used to generate an exaggerated overstatement of the number of Muslim deaths.

14. Although the authors aver that the causes of what they term “increased” deaths among Muslims in June 2021 are “multifactorial”, they deliberately mention only congregational salaah in the last 10 days of Ramadaan and Eid-ul-Fitr celebrations as the likely causes. This reflects a disturbing bias on their part. It is particularly significant that they present no statistics to establish any correlation between the number of Muslims attending congregational prayers and the number of Muslim deaths attributed to Covid 19. Furthermore, gatherings (including congregational salaah) occurred during the entire period of Ramadan. It suited the authors’ biased narrative to focus arbitrarily on the last ten days,

ignoring the first twenty days which, in terms of their own theory, should also have led to 'super spreader' events. They did so because the increase in Muslim gatherings during the first twenty days of Ramadaan serves to refute the link or nexus they misguidedly seek to draw between the last ten days of Ramadaan and Eid- ul-Fitr celebrations, on the one hand, and Muslim deaths in June, on the other. We would add, that Muslims also interact with people of other faiths on a daily basis, especially at work where most of the day is spent. Isolating Covid-19 in this context to a specific race group or religion will invariably lead one to draw biased conclusions, as is demonstrated by the flawed inferences drawn by the authors.

15. In any event, their reasoning is fundamentally flawed. They deliberately ignore the specific time of the year in which the increased deaths are reported to have occurred. Using their own figures and graphs as the frame of reference, it is evident that the increase in the reported deaths of all people, irrespective of race or religion, occurred with effect from week 21 in both the 2020 and 2021 calendar years. This coincided with the onset and progression of the Winter season. To ignore this obvious factor, and to attribute increased Muslim deaths to events in Ramadan and on the occasion of Eid-ul-Fitr instead, is arrantly untenable and serves ineluctably to demonstrate the authors' bias.

16. The authors compound their mischief by making the alarming comment that the spike in deaths of Muslims after Eid-ul-Fitr this year was not evident after Eid-ul-Fitr in the year 2020, when "all places of worship were restricted from operating" (their euphemistic choice of language in describing the complete closure of

masaajid in South Africa is noteworthy). In simple terms, they surmise that because *masaajid* were shut in Ramadan 2020 fewer Muslims died after Eid-ul-Fitr of that year. Their attempt to justify the oppression (*dhulm*) associated with the forced closure of our *masaajid* in such a manner is indeed unfortunate, if not despicable. On their own statistics and graphs, there was a marked increase in reported deaths in weeks 23 to 26 of the year 2020. This was about two to three weeks after Eid-ul-Fitr, which coincided with a hard lockdown, no congregational salaah and no Muslim Eid celebrations. Quite evidently, on their own statistics, the increase in deaths among Muslims had nothing to do with congregational prayers and Eid celebrations. The inference is compelling that the authors distort and misstate the facts in furtherance of the promotion of a particular narrative and agenda.

17. Remarkably, the authors are completely silent on the second wave spike (between week 51 in the year 2020 and week 7 in the year 2021). During this period there was no increased congregational worship, no Eid celebrations, no Muslim gatherings. How could the authors have ignored this without realizing the very serious impact of such culpable omission on the honesty and credibility of their conclusions and recommendations?

DISCOMFORTING ALLIANCES

18. What informs such bias, such distortion and such manipulation? Perhaps the answer lies in seeking to understand the link between the authors and the vaccine industry.

19. Their unconditional endorsement and promotion of vaccinations as the *panacea*, as products which, in their words, “*have been demonstrated to be safe, and have close to 100% effectiveness in preventing severe disease and death*”, is both revealing and alarming.

20. At least two of the authors are either directly or indirectly linked to, or funded by, the Bill and Melinda Gates Foundation. The link between the Bill and Melinda Gates Foundation and the vaccination industry is now a truism. One of the authors is in fact a functionary of the Bill and Melinda Gates Foundation in South Africa (this is evident from the article itself), and at least one other is at a research institute funded by that very entity.

21. It is necessary at this juncture to reiterate an obvious proposition. It is unacceptable for people who have a financial interest, whether direct or indirect, in the vaccine industry, and the integrally related vaccine trial industry, to promote, as *experts*, the very products or procedures that they benefit from. To do so in an alarmist and deliberately misleading fashion makes such conduct all the more unconscionable.

22. Before a potential new therapy can reach patients, it must necessarily undergo several clinical trial phases that test interventions for both safety and efficacy. Looking at the big picture, it takes approximately ten years for a new treatment to complete the journey from initial discovery to the marketplace. Clinical trials alone take six to seven years on average to complete. How can the authors in these circumstances possibly guarantee the safety of the vaccines?

BLURRING THE LINES OF BELIEF AND DISBELIEF

23. We can't but object to the authors' targeting of Deenul Islam and its practices as "causes of Muslim deaths", and their call for people to abandon that which is fundamental to the Deen. In their approach lies a self-loathing that is both lamentable and detestable.

24. Even worse are their statements that "*gatherings at the end of Ramadaan and Eid-ul-Fitr likely led to superspreader events among Muslims in Gauteng , which has resulted in a large number of avoidable deaths*" and that vaccines "*have been demonstrated to be safe, and have close to 100% effectiveness in preventing severe disease and death*".

25. The above statements are completely contrary to Islamic belief and must be rejected out of hand with the contempt they deserve. They represent an arrogance that has seeped into our collective psyche, that is contrary to the fundamental Islamic belief that Allah - the Mighty, the Sovereign, the Healer - determines everything, and that one's time of death is determined by Him , and by Him alone. The Almighty Allah states clearly in the Noble Quran:

***"Indeed, Allah [alone] has knowledge of the Hour and sends down the rain and knows what is in the wombs. And no soul perceives what it will earn tomorrow, and no soul perceives in what land it will die. Indeed, Allah is All Knowing and Acquainted."* (Quran, 31:34)**

“And spend [in the way of Allah] from what We have provided you before death approaches one of you and he says, ‘My Lord, if only You would delay me for a brief term so I would give charity and be among the righteous’. But never will Allah delay a soul when its time has come. And Allah is Acquainted with what you do.” (Quran, 63:10-11)

“When their specified time arrives, they cannot delay it for a single hour nor can they bring it forward.” (Quran, 16:61).

26. Let these experts (and the Muslim organisations that follow their advice) take heed of the words of Allah the Magnificent, the Lord of Lords who, in addressing the fear mongering of those who discouraged Muslims from leaving their homes to fight in Jihad on the false basis that such would hasten their death, and that they would not die if they did not fight in Jihad :

“As for those who stayed behind, and said of their brothers, ‘If only they had listened to us, they would not have been killed,’ tell them [Prophet], ‘Ward off death from yourselves, if what you say is true.’ (Al Imraan- 168).

27. May Allah grant abodes in the highest stages of Jannah to those brothers and sisters who have passed away and endow their families and loved ones with quintessential patience (*sabrun-jameel*). May He guide us to the truth and protect us against falsehood and deception!

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